

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

TISEI CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

26 MAIN STREET

Check if different
than previously
reported. (ACC)

LYNNFIELD

MA

01940

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00506170

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MA

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRIAN CRESTA

Signature of Treasurer

BRIAN CRESTA

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 18

Write or Type Committee Name

TISEI CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7500.00	14498.74
(b) Total Contribution Refunds (from Line 20(d))	550.00	14910.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6950.00	-411.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10291.06	59100.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	9918.77	19918.77
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	372.29	39181.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7606.89	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 18

Write or Type Committee Name

TISEI CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

7500.00

9408.74

(ii) Unitemized.....

0.00

90.00

(iii) TOTAL of contributions from individuals ▶

7500.00

9498.74

(b) Political Party Committees.....

0.00

5000.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

7500.00

14498.74

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

91.87

91.87

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

9918.77

19918.77

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

17510.64

34509.38

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10291.06	59100.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	50.00	14160.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	750.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	550.00	14910.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10841.06	74010.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	937.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17510.64
25. SUBTOTAL (add Line 23 and Line 24).....	18447.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10841.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7606.89

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 18
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CARLOS DIAZ		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2013	
Mailing Address 25 NW 108TH STREET		Transaction ID : SA11AI.4252	
City MIAMI SHORES	State FL	Zip Code 33168	Amount of Each Receipt this Period 2500.00 GENERAL DEBT RETIREMENT
FEC ID number of contributing federal political committee. C			
Name of Employer VALUE STORE IT MANAGEMENT INC	Occupation REAL ESTATE PROFESSIONAL		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
B. Full Name (Last, First, Middle Initial) ELIZABETH R RUDERMAN		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2013	
Mailing Address 5971 SW 86TH STREET		Transaction ID : SA11AI.4250	
City MIAMI	State FL	Zip Code 33143	Amount of Each Receipt this Period 2500.00 GENERAL DEBT RETIREMENT
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
C. Full Name (Last, First, Middle Initial) THOMAS W THOMPSON		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2013	
Mailing Address 18 BAYVIEW AVE		Transaction ID : SA11AI.4254	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Receipt this Period 2500.00 GENERAL DEBT RETIREMENT
FEC ID number of contributing federal political committee. C			
Name of Employer TANNIN CORP	Occupation PRESIDENT		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
SUBTOTAL of Receipts This Page (optional).....		7500.00	
TOTAL This Period (last page this line number only).....		7500.00	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 18

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

CITY OF PEABODY**A.**

Mailing Address 24 LOWELL STREET

City

PEABODY

State

MA

Zip Code

01960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1202.29

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		14		2013

Transaction ID : SA14.4243

Amount of Each Receipt this Period

1202.29

VENDOR REFUND: UTILITIES

Full Name (Last, First, Middle Initial)

CITY OF PEABODY**B.**

Mailing Address 24 LOWELL STREET

City

PEABODY

State

MA

Zip Code

01960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1279.22

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		14		2013

Transaction ID : SA14.4244

Amount of Each Receipt this Period

76.93

VENDOR REFUND: UTILITIES

Full Name (Last, First, Middle Initial)

CITY OF PEABODY**C.**

Mailing Address 24 LOWELL STREET

City

PEABODY

State

MA

Zip Code

01960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1567.71

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2013

Transaction ID : SA14.4248

Amount of Each Receipt this Period

288.49

VENDOR REFUND: UTILITIES

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1567.71

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

REVOLUTION MEDIA GROUP

A.

Mailing Address 1020 PRINCESS STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

8190.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : SA14.4247

Amount of Each Receipt this Period

8190.38

VENDOR REFUND: PLACED MEDIA

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8190.38

9758.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
CREDIT: BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 23 / 2013

Amount of Each Disbursement this Period

Amount
-186.69

Transaction ID : SB17.4228

B. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 23 / 2013

Amount of Each Disbursement this Period

Amount
418.43

Transaction ID : SB17.4229

C. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 23 / 2013

Amount of Each Disbursement this Period

Amount
163.99

Transaction ID : SB17.4236

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

395.73

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2013

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.4237

B. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2013

Amount of Each Disbursement this Period

0.26

Transaction ID : SB17.4141

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City	State	Zip Code
FALLS CHURCH	VA	22043

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2013

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.4122

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

835.26

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2013

City	State	Zip Code
FALLS CHURCH	VA	22043

Amount of Each Disbursement this Period

99.00

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
Type**Transaction ID : SB17.4206**

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2013

City	State	Zip Code
FALLS CHURCH	VA	22043

Amount of Each Disbursement this Period

1217.38

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
Type**Transaction ID : SB17.4223**

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2013

City	State	Zip Code
FALLS CHURCH	VA	22043

Amount of Each Disbursement this Period

99.00

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
Type**Transaction ID : SB17.4232**

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1415.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2013

City	State	Zip Code
FALLS CHURCH	VA	22043

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
Type

Transaction ID : SB17.4142

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2013

City	State	Zip Code
FALLS CHURCH	VA	22043

Amount of Each Disbursement this Period

76.25

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Transaction ID : SB17.4155

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2013

City	State	Zip Code
FALLS CHURCH	VA	22043

Amount of Each Disbursement this Period

591.20

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/
Type

Transaction ID : SB17.4187

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1467.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. DONOVANS LIQUOR

Mailing Address 449 BROADWAY

City	State	Zip Code
LYNNFIELD	MA	01940

Purpose of Disbursement
MEETING EXPENSE-MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2013

Amount of Each Disbursement this Period

147.13

Transaction ID : SB17.4204

B. DONOVANS LIQUOR

Mailing Address 449 BROADWAY

City	State	Zip Code
LYNNFIELD	MA	01940

Purpose of Disbursement
MEETING EXPENSE-MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2013

Amount of Each Disbursement this Period

342.00

Transaction ID : SB17.4169

C. DONOVANS LIQUOR

Mailing Address 449 BROADWAY

City	State	Zip Code
LYNNFIELD	MA	01940

Purpose of Disbursement
MEETING EXPENSE-MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2013

Amount of Each Disbursement this Period

151.87

Transaction ID : SB17.4177

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

641.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 76 STOREY AVE

City	State	Zip Code
NEWBURYPORT	MA	01950

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2013

Amount of Each Disbursement this Period

64.00

Transaction ID : SB17.4211

B. EXXONMOBIL

Mailing Address 76 STOREY AVE

City	State	Zip Code
NEWBURYPORT	MA	01950

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2013

Amount of Each Disbursement this Period

55.75

Transaction ID : SB17.4216

C. EXXONMOBIL

Mailing Address 76 STOREY AVE

City	State	Zip Code
NEWBURYPORT	MA	01950

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2013

Amount of Each Disbursement this Period

73.16

Transaction ID : SB17.4160

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

192.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. GOOGLE INC

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2013

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Amount of Each Disbursement this Period

170.00

Purpose of Disbursement
ONLINE ADVERTISINGCategory/
Type

Transaction ID : SB17.4231

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. HARDCOVER RESTAURANT

Mailing Address 15A NEWBURY STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2013

City	State	Zip Code
DANVERS	MA	01923

Amount of Each Disbursement this Period

-100.00

Purpose of Disbursement
CREDIT: MEETING EXPENSE-MEALSCategory/
Type

Transaction ID : SB17.4176

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. LYNNFIELD MEAT AND DELIMailing Address 445 BROADWAY
RT 1 N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2013

City	State	Zip Code
LYNNFIELD	MA	01940

Amount of Each Disbursement this Period

159.22

Purpose of Disbursement
MEETING EXPENSE-MEALSCategory/
Type

Transaction ID : SB17.4179

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

229.22

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. NEW YORK TIMES

Mailing Address 2 SOUTH MARKET STREET

City	State	Zip Code
BOSTON	MA	02109

Purpose of Disbursement
CREDIT: ONLINE SUBSCRIPTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 23 / 2013

Amount of Each Disbursement this Period

Amount	-40.28
--------	--------

Transaction ID : SB17.4230

B. PRINCE PIZZERIA

Mailing Address 517 BROADWAY

City	State	Zip Code
SAUGUS	MA	01906

Purpose of Disbursement
MEETING EXPENSE-MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 23 / 2013

Amount of Each Disbursement this Period

Amount	289.96
--------	--------

Transaction ID : SB17.4194

C. PRINCE PIZZERIA

Mailing Address 517 BROADWAY

City	State	Zip Code
SAUGUS	MA	01906

Purpose of Disbursement
MEETING EXPENSE-MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 21 / 2013

Amount of Each Disbursement this Period

Amount	38.79
--------	-------

Transaction ID : SB17.4193

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

288.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address 149 ENDICOTT STREET

City	State	Zip Code
DANVERS	MA	01923

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 21 / 2013

Amount of Each Disbursement this Period

Amount
14.00

Transaction ID : SB17.4181

B. SHERATON COLONIAL BOSTON

Mailing Address 1 AUDUBON RD

City	State	Zip Code
WAKEFIELD	MA	01880

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 21 / 2013

Amount of Each Disbursement this Period

Amount
184.76

Transaction ID : SB17.4172

C. THE HOME DEPOT

Mailing Address 564 BROADWAY

City	State	Zip Code
SAUGUS	MA	01906

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 21 / 2013

Amount of Each Disbursement this Period

Amount
211.91

Transaction ID : SB17.4186

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

410.67

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE JEWISH JOURNALMailing Address 27 CONGRESS STREET
SUITE 501

City SALEM State MA Zip Code 01970

Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2013

Amount of Each Disbursement this Period

\$	884.00
----	--------

Transaction ID : SB17.4135

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

\$	
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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

\$	884.00
----	--------

\$	6760.09
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 18

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. MAXIMUS INC. POLITICAL ACTION COMMITTEE

Mailing Address 11419 SUNSET HILLS ROAD

City	State	Zip Code
RESTON	VA	20190

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2013

Amount of Each Disbursement this Period

500.00

Transaction ID : SB20C.4239

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

500.00
